during most of working life, even if retired) 13. Marier Name 13. Marier Name 14. Name of Husband or Name 15. Was deceased ever in us. Armed Forces? 16. Social Security No. 17. Informatif Cleve 14(18) 18. Cause of Death (Enter only one cause per line Part I. Death Was Caused By: 19. Market H. Spoon, 2077 W. 3. 10. Out of the security of the spoon of the terminal part in the spoon of the spo	on: Residence before
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Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. 13 /-0 2	instant
Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. 13 /-0 2	
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ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20c. TIME OF Hour Month, Day, Year 20c. TIME OF Hour Month, Day, Yea	
NIJURY e.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	
Z 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY.	
	STATE
WHILE AT WORK farm, factory, street, office bldg., etc.)	
White AT WORK	- ,
21. I attended the deceased from 7-2-63 to 8-7-63 and last saw her alive on 8/6/63	
Death occurred at 8 2 30 PMsn the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and to the best of my knowledge, from the date stated above, and the date stated above.	
21. I attended the deceased from 7-2-63 to 8-7-63 and less saw her alive on 8/6/63 Death occurred at 8-30PMan the date stated above, and to the best of my knowledge, from the stated above, and to the best of my knowledge, from the stated above. 22a. Signature (Degree or title) M.D. Charleston, Mo.	22c. DATE SIGNED
Death occurred at Death occurr	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, fown, or county)	(State)
BUR IAI 8-9-1963 Dogwood Cemetery South Bertrand M	0
24. FUNERAL SUBSECTION CADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	11 = 1
THE NUNNELES FUNERAL CHAPEL, Charleston, Mo. 3 Sarathy B.	Hackborn
(Licensed Embalmer's Statement on Reverse Side)	

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MISSOLIDI DIVISION OF HEALTH ... STANDADD CEDTIFICATE OF DEATH

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STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
•	r my personal supervision.	Ω
Student	Signature of Student Embalmer	Signed 3850
		P. O. Address Landau Die

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.